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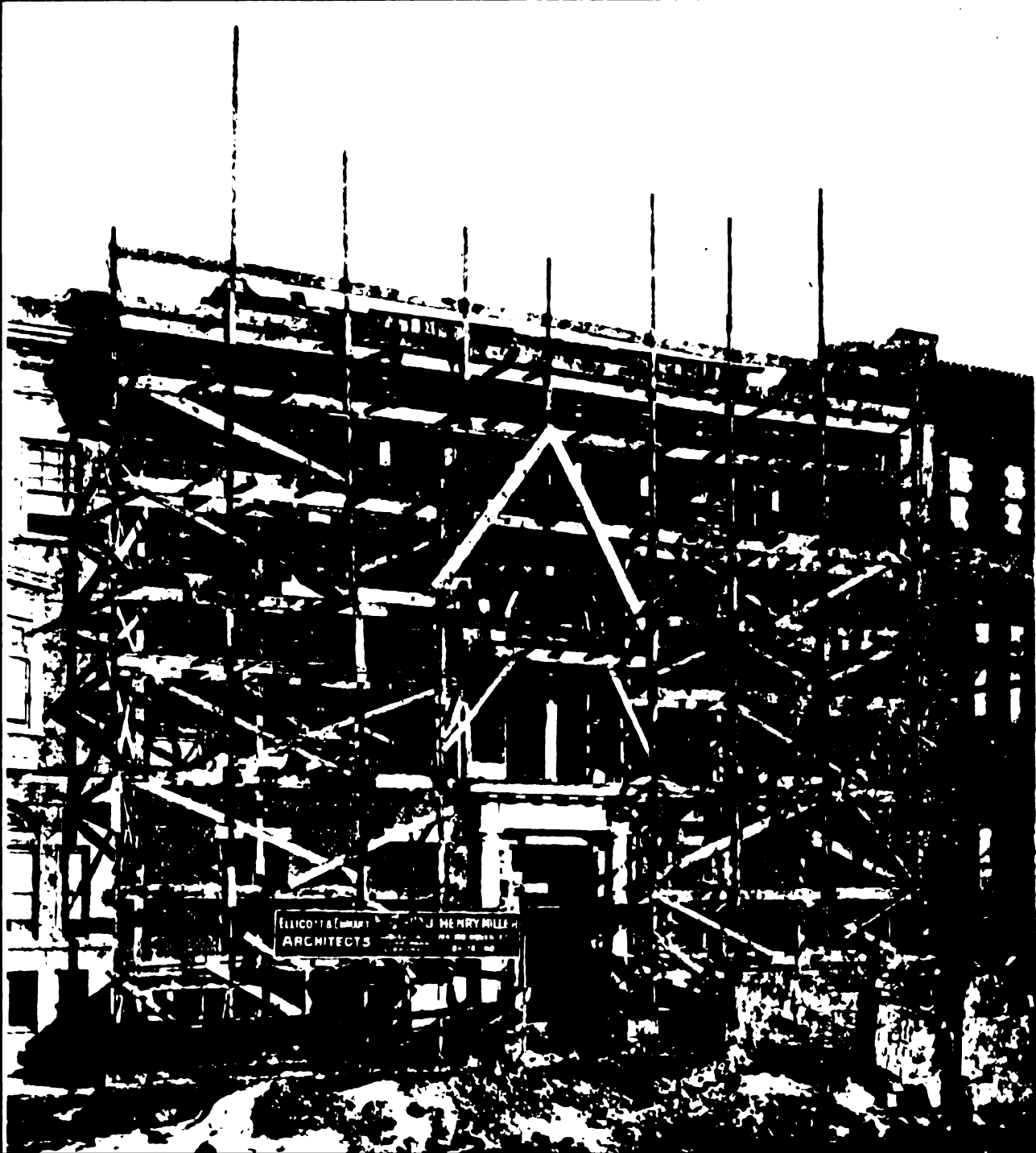
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# *The Bulletin of the Medical and Chirurgical Faculty of Maryland*

Medical and Chirurgical Faculty of the State of Maryland

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## MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

*NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies.*

**BALTIMORE CITY MEDICAL SOCIETY.** President, WILMER BRINTON, 1232 N. Calvert St., Baltimore, Md.; Secretary, W. E. MAGRUDER, 922 Madison Ave., Baltimore, Md.; Treasurer, W. S. GARDNER, 6 W. Preston St., Baltimore, Md.; Delegates, HERBERT HARLAN, 516 Cathedral St.; J. W. HOLLAND, 1530 Linden Ave.; G. M. LINTHICUM, 330 N. Charles St.; S. T. EARLE, 1431 Linden Ave.; H. G. BECK, 214 E. Preston St.; W. S. THAYER, 406 Cathedral St.; R. B. WARFIELD, 845 Park Ave.; J. J. CARROLL, 330 N. Charles St.; WM. GREEN, 1124 N. Charles St.; L. P. HAMBURGER, 1210 Eutaw Place. First Tuesday in December and April.

**SECTION OF CLINICAL MEDICINE AND SURGERY.** 1st and 3d Fridays, 8.30 P.M., October to May. Chairman, E. McE. VAN NESS, M.D.; Secretary, SYDNEY M. CONE, M.D.

**SECTION OF GYNECOLOGY AND OBSTETRICS.** 2d Friday in October, December, February and April. Chairman, L. E. NEALE, M.D.; Secretary, L. M. ALLEN, M.D.

**SECTION OF LARYNGOLOGY.** 4th Friday, monthly. 8.30 o'clock. Chairman, S. ROSENHEIM, Secretary, J. N. REIK,

**SECTION OF NEUROLOGY.** 4th Friday, monthly. Chairman, W. R. DUNTON, M.D.; Secretary, M. S. BURROW, M.D.

**SECTION OF OPHTHALMOLOGY AND OTOTOLOGY.** 3d Thursday. Chairman, WM. TARUN, M.D.; Secretary, F. W. JANNEY M.D.

**ALLEGANY COUNTY MEDICAL SOCIETY.** President, TIMOTHY GRIFFITH Frostburg, Md.; Secretary-Treasurer, CHARLOTTE B. GARDNER, Cumberland, Md.; Delegate, E. B. CLAYBROOK. Every Wednesday for Post-graduate work.

**ANNE ARUNDEL COUNTY MEDICAL SOCIETY.** President, H. B. GANTT, Millersville, Md.; Secretary, L. B. HENKEL, JR., Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, W. H. HOPKINS. Second Tuesday of January, April, July and October.

**BALTIMORE COUNTY MEDICAL SOCIETY.** President, RICHARD F. GUNDRY, Catonsville, Md.; Secretary, R. C. MASSENBERG, Towson, Md.; Treasurer, W. L. SMITH, Rider, Md.; Delegate, H. L. NAYLOR. Towson, third Thursday, April to October, 2 p.m.; November to March, 1 p.m.

**CALVERT COUNTY MEDICAL SOCIETY.** President, E. H. HINMAN, Lower Marlboro, Md.; Secretary, W. H. TALBOT, Willows, Md.; Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesday in April, August and December; annual meeting second Tuesday in December.

**CAROLINE COUNTY MEDICAL SOCIETY.** President, THEO. SAULSBURY, Burtville, Md.; Secretary-Treasurer, J. R. DOWNS, Preston, Md.; Delegate, F. R. MALONE.

**CARROLL COUNTY MEDICAL SOCIETY.** President, CLOTWORTHY BIRNIE, New Windsor, Md.; Secretary-Treasurer, CHARLES R. FOUTZ, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting December.

**CECIL COUNTY MEDICAL SOCIETY.** President, H. BRATTON, Elkton, Md.; Secretary-Treasurer, C. P. CARRICO, Cherry Hill, Md.; Delegate, GEO. S. DARE. Third Thursday at Elkton, April, July, October, January; annual meeting in April.

**CHARLES COUNTY MEDICAL SOCIETY.** President, JOHN W. MITCHELL, Pomonkey, Md.; Secretary-Treasurer, THOMAS S. OWEN, La Plata, Md.; Delegate, L. C. CARRICO. Third Tuesday in May, August and November.

**DORCHESTER COUNTY MEDICAL SOCIETY.** President, JOHN MACE, Cambridge, Md.; Secretary-Treasurer, W. H. HOUSTON, Fishing Creek, Md.; Delegate, F. A. STOKES. Meetings first Tuesday in May and December at Cambridge.

**FREDERICK COUNTY MEDICAL SOCIETY.** President, T. C. ROUTSON; Secretary, F. B. SMITH; Treasurer, W. A. LONG; Delegate, I. J. McCURDY. January, April, August and November.

CONTINUED ON THIRD PAGE OF COVER

# The Bulletin

OF THE

## Medical and Chirurgical Faculty of Maryland

PUBLISHED MONTHLY

Vol. I. No. 6

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## DISINTEGRATING TABLETS

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# The Bulletin

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## Medical and Chirurgical Faculty of Maryland

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Vol. I

BALTIMORE, DECEMBER, 1908

No. 6

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### THE CLOSING YEAR.

The year which is about to end, the calendar year 1908, will surely be recorded as a memorable one in the annals of the Medical and Chirurgical Faculty of Maryland. During its twelve months we have witnessed a very remarkable advance in the organization and work of the society. True, much of the actual accomplishment is really the result of years of labor and cannot be accredited entirely to the year in which it appears to occur; we must not forget that the fruit which ripens at a given time required many previous months to grow and develop. Thus, a great deal of the benefit and profit now accruing to the Faculty is the fruition of plans and toil of the several preceding years, the outcome of the well-directed activity of the leaders of those years, especially of Drs. Brush and Earle and Woods and O'Donovan. But we are accustomed to take stock annually and to balance the sheet as of profit or loss for that year.

Viewed in that manner, the Faculty has made great gains during 1908. The membership list has grown decidedly larger; the component societies are better organized and producing far better results than at any previous time; the new library building and Faculty home, so long dreamed of and prayed for, has become a visible fact, a magnificent structure that promises to be a "thing of beauty and joy forever;" the BULLETIN has been launched and is prepared to take its proper place at the beginning of the new year, not

only relieving the Faculty of a considerable financial and moral burden but endeavoring to prove an important factor in promoting the best interests of the society.

Truly we have much to be thankful for and, while the coming year will see the actual culmination of some of this work and will be characterized by the celebrations, we may remember 1908 as a year of great progress.

### ANNUAL MEETING OF THE BALTIMORE CITY MEDICAL SOCIETY.

The regular annual gathering of this society will take place Tuesday, December the first, and it is to be hoped there may be a large attendance. The society has but two sessions a year and this is the important one, when the election of officers and the transaction of the greatest amount of business takes place. In as much as the various Sections devote their time solely to scientific matters it has been considered wise to give over these meetings largely to a discussion of the business aspect of the profession. We are pleased to announce that Dr. Philip Marvel, of Atlantic City, a trustee of the American Medical Association, has agreed to address the coming meeting on The Present Status of the Proprietary Medicine Question.

We have all observed, with more or less interest, the exposure of the "patent medicine" trade, by Adams and Bok in the magazines, and the excellent work of the Council on Pharmacy and Chemistry in examining the so-called "ethical proprietaries;" it has been made possible for us to see almost at a glance whether a preparation presented for our favor is worthy or unworthy; and, now the vital question arises—How are we using this information and what shall be our attitude towards the various preparations on the market? Perhaps this meeting will help us determine a guiding rule of action.

## THE MUNICIPAL TUBERCULOSIS HOSPITAL OF BALTIMORE.

BY GORDON WILSON, M.D., *Physician in Charge.*

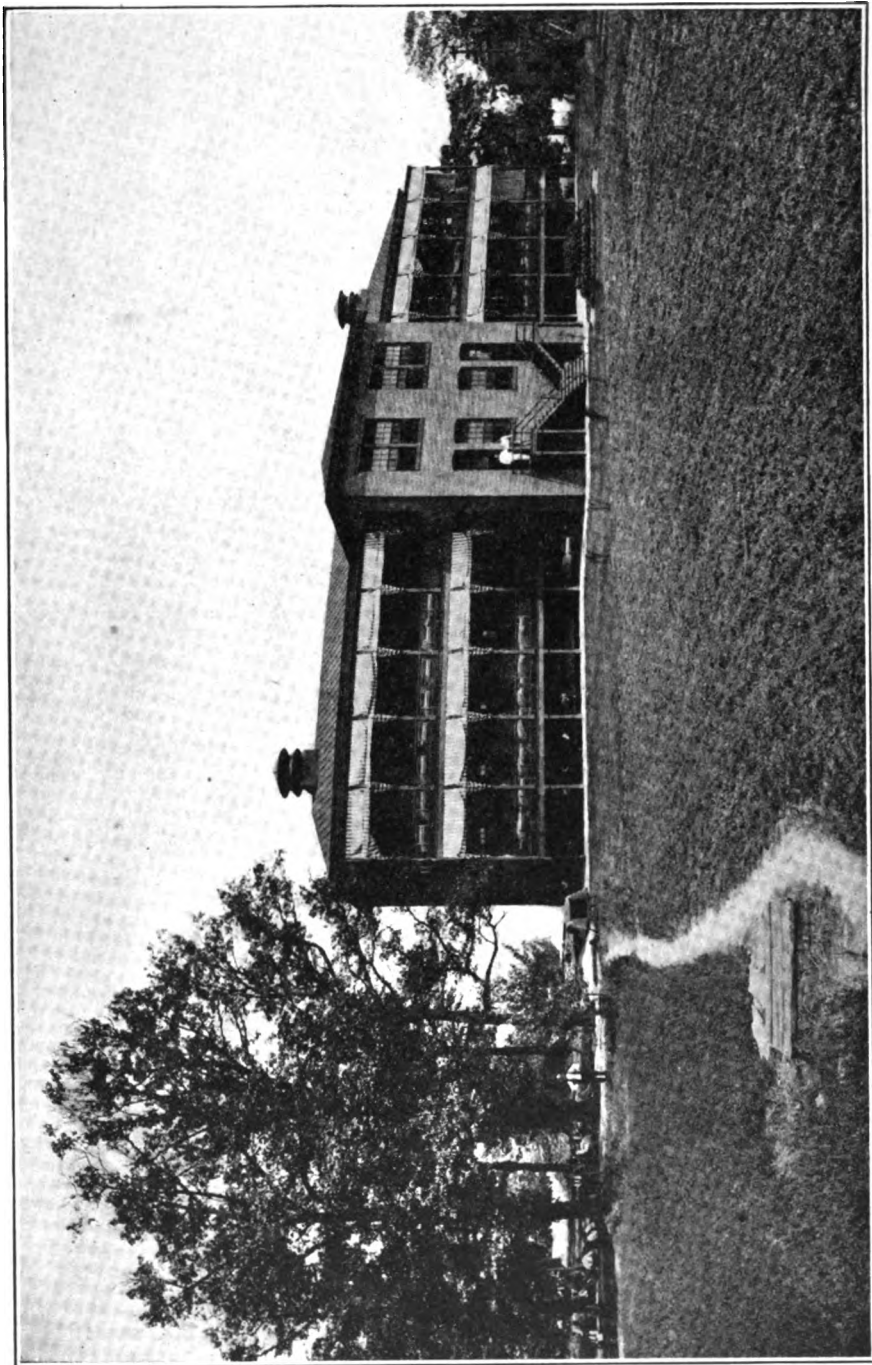
This hospital might be said to have been started in 1890, as in that year a separate ward was established in the Bay View Hospital for patients suffering with tuberculosis of the lungs. This was, I think, *the first attempt in this country to have a separate ward, in a general hospital, for tuberculosis patients on account of the knowledge of the fact that this disease is communicable.*

In 1903 the City Council appropriated \$10,000 to build a hospital for consumptives on a plot of ground adjoining Bay View, and at a distance of a quarter of a mile from the main building. This hospital was opened on December 19, 1904, with forty-eight patients. Since then a separate kitchen building and laundry building have been erected, and there has been added a wing to the hospital which is just now completed. So far there has been expended \$42,000 and \$8000 more has been granted by the Board of Estimates to complete the improvements during the coming year.

The hospital is a brick building a hundred and fifty feet long, two stories in height, with a basement whose floor is three feet below the level of the ground. The entrance is in the center of the south side, and extending from it the full length of each floor are porches, roofed and protected by awnings, on which are the beds of those who are sufficiently strong to sleep out in all sorts of weather. Extending back from the center of the north side is a T-shaped wing, with deep covered porches on either side. In this wing, which has just been completed, are the isolating rooms for delirious or dying patients, doctors and nurses' offices, laboratory, examining rooms and toilets, separate facilities being provided for each sex and color. By the first of December there will be accommodations for one hundred and three far advanced cases, forty moderately advanced cases, and during the less rigorous months of the year sixteen more patients can be given beds on the shallow porches.

The requirements for admission are, that the applicant must be a legal resident of Baltimore City, who is financially unable to provide himself with proper treatment for tuberculosis of the respiratory tract. To obtain admission to the hospital, a certificate from a physician should be sent to the Bay View office, City Hall Annex, certifying that the patient has tuberculosis of the lungs or larynx, and if on investigation his financial condition is found to be such that he requires the aid of the City he is given an "admission slip" admitting him to the hospital. On his arrival at the hospital his history is taken, physical examination made, weight noted, and he is assigned to the proper ward with reference to the degree of advancement of the disease. If





**MUNICIPAL TUBERCULOSIS HOSPITAL. LOCATED AT BAY VIEW.**

it is found that his symptoms decrease and he continues afebrile, he is given light work, not to exceed three hours a day. All cases that are working are required to have their temperatures taken twice each afternoon and if it is above 99½° F. they are put to bed, thus preventing any harm being done by work.

The hospital is under the control and management of the Supervisors of City Charities; they appoint the physician-in-charge, whose duties are confined to the tuberculosis hospital, and who has no connection with the General Hospital at Bay View. Under him is a resident physician who sees each patient in the hospital twice a day and at such other times as is required by the condition of the patients. The nursing staff consists of a head nurse, a night nurse in charge, who are regular graduate nurses, and the balance of the staff is made up of graduate and undergraduate nurses, two of whom are former patients from Eudowood.

That the patients received are of the far advanced type is shown by the fact that from January first to November first of this year, there were admitted two hundred and ninety-five patients and during this time seventy-nine were discharged and one hundred and ten died.

In a municipal hospital the question of food is always a matter of interest and unfortunately frequently a matter of criticism and on that account the bill-of-fare of the meals is worth stating.

*Breakfast:* Oatmeal, hash or eggs, bread and butter, coffee, tea and milk.

*Dinner:* Soup, one day a week; a meat, either beef, ham or mutton every day; potatoes and one other vegetable; bread, coffee, tea and milk.

*Supper:* Bread and butter, stewed fruit or a pudding, cheese or corn-bread, tea, coffee and milk.

That the food is nourishing is shown by the gains in weight made by the four following cases, in three of whom the maximum weight prior to admission has been exceeded in a stay at the hospital of four months or less.

*L. G., female:* Weight on admission, July 21, 107 pounds. On November 1, 127½ pounds. Maximum weight prior to admission, 120 pounds.

*G. K., male:* Weight on admission, July 2, 130 pounds. On November 1, 160½. Maximum weight prior to admission, 150 pounds.

*J. J., male:* Weight on admission, August 11, 136 pounds. On November 1, 162½. Maximum weight prior to admission, 185 pounds.

*G. D., male:* Weight on admission, August 20, 114. On November 1, 145½. Maximum weight prior to admission, 120 pounds.

These four cases are, of course, exceptional ones, two being incipient cases and two moderately advanced, but the fact that they have *exceeded their previous maximum weight* shows that the gain was not due simply to poor nutrition on admission.

In the past there has been difficulty in getting patients to go to the municipal hospital on account of its being generally called Bay View and Bay View to the poor means the "Poor House." If, in the future, the doctors of Baltimore would form the habit of speaking of it as the Municipal Tuberculosis Hospital, and emphasizing the fact that it is separate from Bay View, and at a distance from the Poor House, I have no doubt that its scope of work would be broadened.

## A FOREIGN BODY REMOVED FROM THE ESOPHAGUS BY THE AID OF THE ESOPHAGOSCOPE.

BY SYLVAN ROSENHEIM, M.D., Baltimore, Md.

The patient, A. B., 22 months old, was admitted to the Frank Memorial Hospital, October 30, because of the belief that a coin had been swallowed and lodged in the throat. The accident occurred six days prior to admission and the child had been very uncomfortable during all that time. She could not swallow anything but liquids, all solid food being regurgitated. Dr. Pels saw the child first in the surgical department and referred the case to the throat clinic.

The child was in good physical condition and the ordinary examination of the upper respiratory tract revealed nothing abnormal save slightly enlarged tonsils. An X-ray picture, however, taken by Dr. Ashbury, disclosed the fact that a coin was lodged in the upper portion of the esophagus, in about the region of the eighth cervical vertebra.

After the usual preparation for operation, and the administration of an hypodermic injection of morphia and atropia, the patient was deeply etherized and placed in the position for esophagoscopy. The Chevalier Jackson self-illuminating esophagoscope was employed and the coin could easily be seen. The Jackson forceps were then introduced through the tube and the coin and esophagoscope withdrawn together. The child was able to leave the hospital the next day and has had no further trouble.

## EXTRACTION OF AN OPEN SAFETY-PIN THROUGH THE ESOPHAGOSCOPE.\*

BY JOHN R. WINSLOW, B.A., M.D., Baltimore, Md.

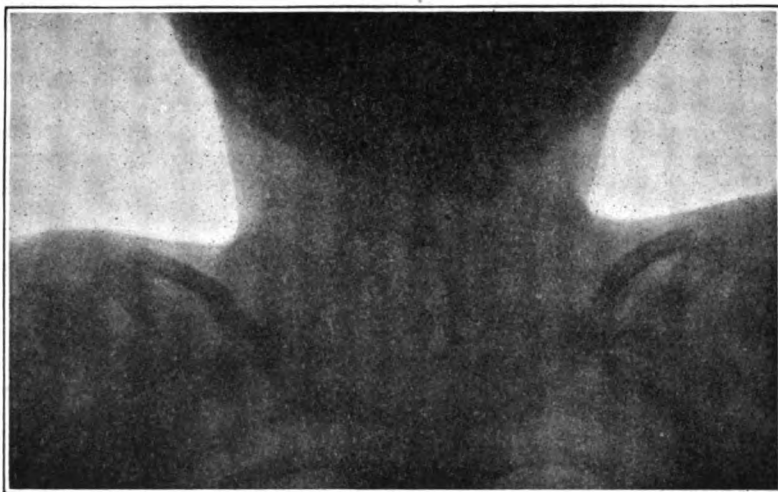
The following case occurred in the surgical service of Prof. Randolph Winslow, at the University Hospital, by whom I was called in consultation:

A female child, age 5 years, was brought to the accident room on the evening of September 7, 1908, with the history of persistent vomiting for eighteen hours; abdomen was rigid, and temperature 102° by mouth. The mother said that the child had swallowed a safety pin with five small beads on it, two days previously. Patient refused to enter the hospital then, but returned and was admitted the following afternoon, September 8, with

\*Reported to the Section on Laryngology, of the Medical and Chirurgical Faculty of Maryland, October 23, 1908.

temperature 98.8°, respiration 26, pulse 96, no vomiting, abdomen soft. A radiogram by Dr. Nathan Winslow revealed an open safety pin, point downward, opposite the sixth cervical vertebra, presumably in the esophagus. Following admission the temperature reached 105.6°, pulse 140, respiration 30, on September 9, but fell to normal at 3.00 a.m.

Operation, September 11, 11.00 a.m., ether anesthesia, morphia and atropin beforehand, 10 per cent cocaine locally. Dorsal recumbent position supported hanging head; Drs. Day and Bird assisting. Chevalier Jackson self-illuminating esophagoscopes were employed. Upon inserting my left index finger, a very long one, behind the cricoid, I could just touch the upper edge of the spring, but could not reach the same with forceps passed along the finger. With the esophagoscope I immediately uncovered what appeared to be an area of edematous or necrotic tissue, but which proved to be the beaded back of the pin, of whose existence I had not been informed. Considerable delay resulted from this omission, as I was looking for a metallic glistening object. The repeated clicking of the metal tube against the pin lead me to persist, until the loop of the spring appeared in the lumen of the tube. Killian's tube-forceps were then inserted and the esophagoscope, forceps and pin removed simultaneously.



SAFETY-PIN LODGED IN THE ESOPHAGUS.

Aside from slight cocaine excitability the post-operative course was uneventful and the patient discharged cured, September 15, 1908.

The day of guess-work in diagnosis and blind groping in operation has passed, both for the alimentary and the respiratory tubular apparatus. Modern instruments and modern methods enable us to examine directly and operate accurately in these regions. The bristle-probang and Graefe's basket, with their attendant dangers, are obsolete instruments, and the frequency of esophagotomy will be much reduced by these safer measures.

## SOCIETY REPORTS.

### ALLEGANY COUNTY.

During November the Allegany County Society has met weekly for post-graduate study, the following subjects being presented: The Symptomatology of Typhoid Fever, by Drs. White and Deming; Special Symptoms of Typhoid, Dr. McDonald; Circulatory Symptoms, Dr. Hodgson; Prophylaxis of Typhoid, Dr. Claybrook; General Pathology, Dr. Wailes; Diagnosis of Typhoid, Dr. Duke; Treatment of Typhoid, Dr. Broadrup; Acute Gastric Indigestion in Infancy and Childhood, Dr. Deming; Acute Gastritis in Infancy and Childhood, Dr. Gardner.

The discussions following the presentation of each topic were participated in by the majority of those in attendance.

Reporting clinical cases has become a prominent and instructive feature of the regular weekly meetings. At a recent session Dr. Jones spoke of Eye-strain as a Cause of Chronic Indigestion, citing a number of cases that had come under his observation. Each of these patients had applied to him for relief of some visual discomfort of which the patient himself was conscious. Subsequent to the relief of the eye-strain by properly fitted glasses, the patient had in each instance, on his own initiative, reported that a chronic indigestion of long standing had cleared up with the improvement in the eye condition.

DR. CHARLOTTE B. GARDNER, *Secretary*.

### BALTIMORE CITY SOCIETY.

#### SECTION ON CLINIC MEDICINE AND SURGERY.

At the first meeting of the month, November 6, Dr. R. H. Johnston read a paper on The Importance of Examination of the Upper end of the Esophagus, relating a series of cases to show the value of the new method of direct inspection with the Jackson or Killian electric tubes. Not only may foreign bodies be removed from the larynx and œsophagus, and examination of these portions of the respiratory tract be facilitated by those instruments, but new growths, hitherto practically inaccessible, may be easily reached and treated surgically.

Dr. W. B. Perry read a very interesting paper on the Pathology and Treatment of Retro-displaced Uteri. After an explanation of the cause and symptoms of this condition, and a review of the older methods of treating it, Dr. Perry described the various methods now employed for its surgical treatment and discussed each in detail. The method he advocated was a slight modification of that originally devised by Dr. Kirby.

Dr. J. C. Bloodgood then gave a very interesting talk upon the Diagnosis of Pancreatitis.

The second monthly session of this section was held Friday, November 20, in association with the Section on Gynecology and Obstetrics. Dr. J. M. H. Rowland spoke on the Use and Abuse of Obstetrical Forceps. He gave as indications for the employment of forceps: 1st, when labor has to be quickly terminated, the woman or child being in danger; 2d, on account of great exhaustion of the mother; *a*, the uterus not being assisted in contraction; *b*, the uterus being over-distended and unable to contract; *c*, some resistance to delivery. When applying forceps it should be provided that the child's head is presenting correctly, not with brow or breech, and the cervix well dilated; too often the forceps cause injury to an insufficiently dilated cervix. The direction of traction should always be in the axis of the birth canal. Immediate repair should be made to all injuries of the cervix, vaginal wall or perineum.

Dr. Emil Novak spoke of The Pessary, with special reference to its limitations.

The pessary may properly be used under the following conditions:

*a* In some cases of simple, uncomplicated retro-displacements of moderate degree, occurring usually in young women, in which there seems to be a strong possibility of correcting the displacement by maintaining the normal position of the uterus for a proper time.

*b* In retro-displacement and prolapse of the gravid uterus.

*c* As a temporary makeshift preparatory to operation in cases of retro-displacement or prolapse in which operation is necessary.

*d* As a palliative measure in cases of retro-displacement or prolapse in which operation is declined by the patient.

The pessary should not be used:

*a* When the uterus cannot be restored to its normal position before the application of the pessary.

*b* In the presence of acute or chronic pelvic inflammatory disease.

*c* Where there already exists a severe grade of vaginitis.

*d* When there is a marked degree of perineal relaxation.

At their best pessaries seldom yield very striking results, and at their worst they are capable of producing serious injury, so that the present strong surgical trend in the treatment of uterine displacements is to be regarded not as a passing fad but as a distinct and healthy advance in gynecological therapeutics.

#### BALTIMORE COUNTY.

The regular meeting was held at the County Board of Health rooms in the Masonic Temple, Towson, on Thursday, November 19. Dr. Todd presented the clinical reports of several interesting cases of Thrombosis and Hemiplegia. Discussion on the sanitary laws of the county followed and a strong appeal made to physicians to send in reports of births and of contagious diseases promptly to the Health Officers, particularly in typhoid fever, so that prompt aid might be rendered in protecting the water sheds of the city and county from contamination.

Drs. A. M. Forster and Jos. B. Webster were elected to active membership in the society.

DR. A. C. MASSENBURG, *Secretary*.

#### CARROLL COUNTY.

The Carroll County Medical Society held its annual meeting at the Westminster Hotel, Westminster, Md., November 5. The usual routine business was transacted, including the election of the following officers for the succeeding year: President, Dr. Clotworthy Birnie; Vice-President, Dr. L. K. Woodward; Secretary-Treasurer, Dr. Chas. R. Foutz; Member Board of Censors, Dr. M. D. Norris, Delegate to the Faculty, Dr. M. D. Norris; Alternate Delegate, Dr. H. M. Fitzhugh.

Dr. William R. Eareckson, of Elkridge, was present and addressed the society.

DR. C. R. FOUTZ, *Secretary*.

#### FREDERICK COUNTY.

The regular meeting of the county society was held in Kemp Hall, Frederick, November 11. The following members were present: Drs. D. E. Stone, C. B. Stone, Kable, Browning, Jos. Thomas, Haffner, Hendrix, B. C. Thomas, West, Hedges, Maynard, Long, McCurdy, Goodell, Conley, Routson and Smith.

The minutes of the last meeting were read and approved and the auditor reported finding the treasurer's account correct. There was a balance in the treasury of \$45.55.

Dr. A. W. Hawkins, of Cumberland, Councillor for the district, being present spoke upon the best means of securing a large attendance and profitable meetings, recommending the plan of post-graduate courses. He believed the instruction imparted in this way would gradually draw all eligible physicians to join the organization and hold the society together through motives of self-interest. He told of the remarkable success of the plan in Allegany County and the improvement of conditions in Cumberland.

Dr. Conley addressed the society upon the question of Early Diagnosis in Tuberculosis and the methods to adopt to protect the community from this curable and preventable disease.

The following officers were elected for the ensuing year: President, Dr. T. C. Routson; First Vice-President, Dr. H. S. Hedges; Second Vice-President, Dr. C. F. Goodell; Secretary, Dr. F. B. Smith; Treasurer, Dr. W. A. Long; Censor, Dr. C. H. Conley; Delegate to the Faculty, Dr. I. J. McCurdy.

A letter from the American Medical Association, advocating centralization of medical interests in the Department of the Interior, was referred to the Committee on Legislation. A letter from the Faculty, regarding the proposed amendment to Constitution for an increase in dues, was laid over until the next meeting.

Drs. Crum, Kable and Conley were appointed a Committee on Legislation.

DR. FRANKLIN B. SMITH, *Secretary*.

## HARFORD COUNTY.

The Harford County society met at Masonic Hall, Havre de Grace, Thursday, November 12. A letter from Dr. J. N. McCormack, of the American Medical Association, was read, asking the society to endorse the movement for a National Department of Public Health. Drs. Archer and Van Bibber were appointed a committee to seek Congressman Talbott's aid in behalf of the measure.

A resolution endorsing state care of the insane was unanimously adopted, after Dr. Herring, of the State Lunacy Commission, had explained the sad state of affairs existing in the various counties. He stated that the experience of other states had been that the county taxes were reduced by from two to five cents, while the state taxes were increased only about one cent. The conditions under which the negro insane, particularly, are kept are a disgrace to any civilized community.

Dr. O'Donovan spoke of the importance of organization among physicians. He said that Harford County ought to have a strong society, in some of the counties in the state nearly all the physicians were enrolled as members. The advantages of organization are that men working in the same field come to know each other and can act as a unit to aid the great public movements like the campaign against tuberculosis and the nostrum evil, and for a national bureau of public health. A case of typhoid fever caused by drinking milk from an infected source in Harford County was cited as a reason for making the health officer independent of private practice so that his whole time might be given to the prevention of epidemics. This cannot be done unless the society becomes strong enough to influence public opinion.

Drs. Lee Hopkins, D. Hopkins, R. H. Smith, Crothers and Woodward gave their names to the Censors for admission to the society.

DR. R. S. PAGE, *Secretary*.

## HOWARD COUNTY.

The members of the Howard County Medical Society enjoyed a very pleasant social occasion and special dinner at the Howard House, Ellicott City, Tuesday, November 10. Those present were: Drs. Cissel, Byrne, Stone, Tumbleson, Hebb, Eareckson, Williams, Fort, Gambrill, Norton and Miller.

On Friday evening, November 15, a public lecture on Tuberculosis was given in Rodey's Hall, under the auspices of the county society, Drs. Gichner and Gordon Wilson presenting very instructive talks on the prevention and treatment of this widespread disease.

DR. F. O. MILLER, *Secretary*.

## PRINCE GEORGE COUNTY.

As the guests of Dr. C. E. Postley, the county society met on Saturday afternoon, November 14, at Eautter's, Washington, D. C. There were present: Drs. Postley, Bennett, Willis, Latimer, Etienne, McMillan, Fox, Griffith, Nally, Taylor, and McDonnell, of the Society, and Dr. P. C. Hunt, of Washington.



Dr. Hunt addressed the society upon the subject of Insanity. He discussed the meaning of the term, explaining the difference between insanity and unsound mental conditions, and gave advice as to the conduct of a physician when called upon to testify in court where a person's mentality is under consideration.

A letter from the American Medical Association asking the society to support the project of a national bureau of health, was laid upon the table, the consensus of opinion being that a strengthening and popularizing of the present public health service would be preferable to a reorganization.

DR. H. B. McDONNELL, *Secretary*.

#### SOMERSET COUNTY.

The regular fall meeting of the Somerset County Medical Society was held at Princess Anne, on Tuesday, November 10, at 3 p.m.

The subject for consideration was Pneumonia. Etiology was presented by Dr. Wainwright, of Princess Anne, and was discussed by Drs. Dickinson and Collins. Dr. Somers, of Crisfield, read a paper on Diagnosis, which was discussed by Drs. Ward, Wainwright and Collins. Treatment had been assigned to Dr. Alexander, of Deal's Island, but, in his absence, the president called for a general discussion of this part of the subject and nearly all those present responded with their views on treatment.

After disposing of the business before the session, which consisted in adoption of the resolution urging the organization of a national bureau of public health, the election of Dr. Barnes, of Mt. Vernon, to membership, and a few minor matters, the society adjourned to the supper table. It was one of the most interesting meetings ever held by the society. Those present were: Drs. Somers, Collins, Hall, Colbourne and Ward, of Crisfield; Dickinson of Upper Fairmount; Wainwright and Smith of Princess Anne; Schwatka, of Deal's Island; and Hoyt, of Oriole.

DR. RALPH HOYT, *Secretary*.

#### WASHINGTON COUNTY.

The annual meeting for the year 1908 was held at Hagerstown, November 12, with 21 members in attendance. The following officers were elected for the ensuing year.: President, Dr. W. P. Miller; Vice-President, Dr. Clara S. Eirley; Secretary, Dr. S. K. Waggaman; Treasurer, Dr. H. K. Derr; Censor, Dr. A. C. Maisch; Delegate, Dr. J. W. Humrichouse.

The resolutions submitted by the State Lunacy Commission were discussed and referred to a committee for detailed report at the February meeting. The question of establishing the plan of post-graduate courses for the meetings was considered but no action taken. The proposed amendment to the Constitution, regarding an increase in dues, was discussed and the society's delegate instructed to vote against it.

Dr. A. C. Maisch read a paper on Strabismus and Dr. H. S. Herman presented one on the Treatment of Organic Stricture by Electrolysis.

DR. VICTOR D. MILLER, *Secretary*.

## WORCESTER COUNTY.

The annual meeting of the county society was held at Berlin, Tuesday, November 19, and was one of the best attended and most enthusiastic in its history. The membership roll shows that practically every physician in the county is within the organization.

The general subject for discussion was Diphtheria and special consideration was given to the relative value of antitoxin in the treatment of the disease, as compared with former methods.

The following officers were elected: President, Dr. John S. Aydelotte; Vice-President, Dr. S. S. Quinn; Secretary, Dr. R. L. Hall; Treasurer, Dr. John L. Riley; Delegate, Dr. Paul Jones; Alternate, Dr. John E. Dickerson; Censor, Dr. John W. Pitts; Committee on Public Health and Legislation, Drs. Paul Jones, Ira C. Tyndall and S. S. Quinn.

DR. R. L. HALL, *Secretary*.

## ROBBER FEES.

(Abstract from a paper by W. H. Neel, Jr., M.D., Anson, Kan., in the *Journal of the Kansas Medical Society*, November, 1907.)

What is the significance of the caption, "Robber Fees" as applied to the physician? My idea of robber fees is, fees that are so small that no physician with ordinary practice and ordinary environments can possibly maintain an existence.

The cost of living, and of education, together with nearly everything else, have made heavy advances in recent years; but the physician's fees have remained unchanged for perhaps three-quarters of a century. Seventy-five years ago medical science was much more limited than at the present time; and the dollar counted for a great deal more than now. Compare, if you please, physicians' knowledge then with that of the modern and up-to-date practitioner. The former knew nothing of antitoxin; seldom quarantined against infectious diseases; did not know of appendicitis; could not positively differentiate typhoid and malarial fever; had never seen a curette; did not know the gall bladder was subject to infection; only the most skilled surgeons would perform a tracheotomy; but few general practitioners used obstetrical forceps; seldom repaired a lacerated cervix or perineum; did not know that sepsis ever would or could exist. Surely the physician who is well informed on these subjects and can do these operations, when necessity demands, ought to be worth more in dollars and cents to his patrons than the physician who was in the earlier years ignorant of them.

How about the comparison in standards of education? The early practitioners had for the most part a very limited common school education; they spent two terms of five months each at the medical college, and were then privileged to practice. How different in the case of the modern graduates in medicine of today; they have for the most part secured a college education (and this demand for a college education before entering the medical colleges of our land will become more and more essential as time goes on); they must

spend from four to six years in the medical colleges; and many have held an internship in some hospital.

Now that the condition of ridiculously low fees does exist in so many communities, who is responsible? Surely not the people. No. It is the physician himself. Both veterans and young practitioners are responsible. I have heard someone say, "Certainly when the older men are willing, the younger ones ought not be bashful." I am sorry that this state of robber fees does exist, but it is a fact—a deplorable fact—that we have in our profession men who will, through lack of self-esteem, and loyalty to the profession, stigmatize it and lower its dignity by placing a valuation upon their services which is on a par with the common day laborer.

The community surely values a physician according as he places a true valuation upon his ability and services.

I would not have you believe, gentlemen, that I favor extortion. Far from it. I believe that we, as physicians, must be generous with our knowledge and skill; even to the rendering of gratuitous services, when the circumstances of the individual seem to demand it. Who is there of us who has not gone into hut and hovel, at the midnight hour (when sleep and rest were greatly needed) and with willing hands administered to the sick and suffering, well knowing that we would not receive one penny as compensation? Who is there among us who does not consider well a patron's financial condition before making our charges, especially for surgical and consultation practice? This I regard as being equitable and just; but the physician who will make a small charge to the man who is well able to pay for the services, simply with a view of retaining his patronage, is a disgrace to our most noble profession and a menace to its progress.

Gentlemen, before making your charges, I ask you to consider well these facts; you are expected to be proficient in your line of work; to be modern in equipment; to treat a great many deserving poor gratuitously; to contribute as largely as any other individual in the community for benevolent purposes, to educate your children, both in letters and in art, and keep them in the highest social circles. Then, too, you must have time for study and recreation, and really should take postgraduate work every few years. If you are not able to give your patient every advantage for his life known to modern medicine and practice, then you are not worthy to be called into the sick chamber. In other words, you are expected to keep up to date by study and postgraduate work; so as to give the patient advantage of every possible factor which may add to his recovery.

All this costs you dollars; dollars that are hard earned; dollars that are frequently difficult to get.

# BALTIMORE CITY MEDICAL SOCIETY

## Program of Section Meetings for December, 1908

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### Baltimore City Medical Society, Annual Meeting

Tuesday, December 1, 8:30 p.m.

- Present status of the proprietary medicine question. *By invitation*  
DR. PHILIP MARVEL, of Atlantic City, N. J.  
What should be our attitude towards the proprietary medicines.  
DR. H. O. REIK  
Presentation of Portrait of the late Dr. Geo. J. Preston,  
by Dr. HARRY FRIEDENWALD  
Report of Board of Censors.....DR. C. E. BRACK, JR.  
Election of new members.  
Report of nominating committee.  
Election of officers.

### Section on Clinical Medicine and Surgery

Friday, December 4, 8:30 p.m.

- Report of a case of tubercular stricture of the rectum, with excision.  
DR. S. T. EARLE  
Some results of recent experimental work in parathyroids. DR. W. S. HALSTED  
Report of cases.....DR. W. T. WATSON

### Section on Ophthalmology and Otology

Thursday, December 10, 8:30 p.m.

- Careless refraction work on the part of the oculist... DR. SAMUEL THEOBALD  
Glaucoma complicating nephritic retinitis..... DR. H. FRIEDENWALD  
Paper, (title not announced)..... DR. J. J. CARROLL

### Section on Clinical Medicine and Surgery

and

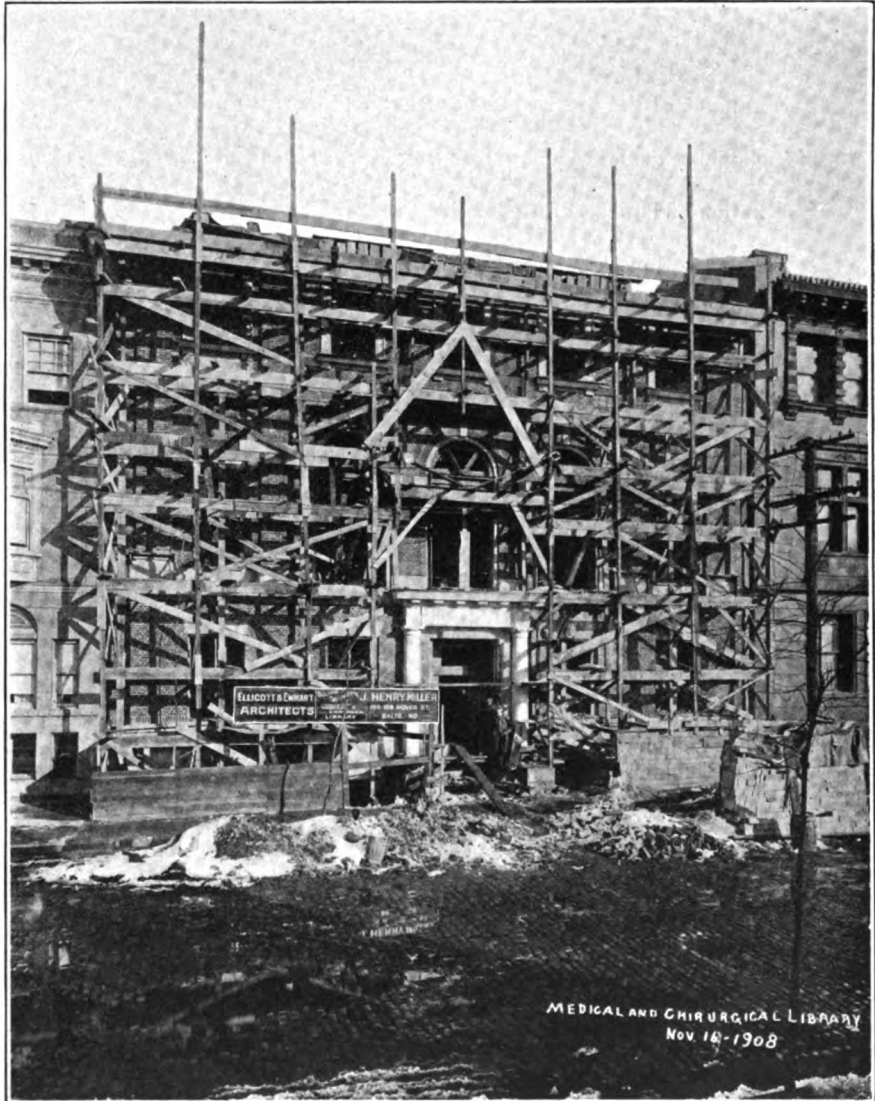
### Section on Neurology and Psychiatry

Friday, December 18, 8:30 p.m.

- Varieties of state care of the insane..... DR. H. M. HURD  
The psychoses of lactation and the puerperal period.. DR. W. F. SCHWARTZ  
A new clinical picture of epilepsy..... DR. W. P. SPRATLING

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SECTION OFFICERS ARE LISTED ON INSIDE FRONT COVER



NEW HOME AS IT APPEARED NOVEMBER 16, 1908.

## BOOK REVIEWS.

**A Manual of Diseases of the Nose and Throat.** By Cornelius G. Coakley, M.D., Clinical Professor of Laryngology in the University and Bellevue Hospital Medical College, New York. Fourth edition, 12mo. 604 pages, with 126 engravings and 7 colored plates. Cloth, \$2.75 net. Lea and Febiger, Publishers, Philadelphia and New York.

An excellent example of a concise, practical text book for the undergraduate student and general practitioner of medicine. The whole subject is presented in a succinct and interesting manner. The student's time is not wasted by a mass of technical or detailed descriptive matter, but each topic is set forth in a simple and comprehensive way. The man who is in active practice and requires a ready reference will find this book especially valuable because of the stress laid upon the treatment of the diseases of these organs and the exact outlining of courses of treatment; the author's great experience enabling him to cover every emergency.

The illustrations are good throughout but those showing the appearances of transilluminated frontal sinuses and maxillary antra deserve special mention; the publishers are to be congratulated on their success in reproducing these two excellent pictures.

**Diseases of the Skin and the Eruptive Fevers.** By Jay Frank Schamberg, A.B., M.D., Professor of Dermatology in the Philadelphia Polyclinic and College of Graduates of Medicine; Fellow of the College of Physicians of Philadelphia; Member of the American Dermatological Association. Published by W. B. Saunders Company, 1908. Cloth, \$3 net.

This most recent claimant for honors in dermatological literature takes foremost rank with the best books of its kind. Both author and publishers are to be congratulated for the excellency attained. Dr. Schamberg's official position as Diagnostician to the Bureau of Health of Philadelphia, eminently qualifies him to write authoritatively on the sub-

ject of Eruptive Fevers, and this part of the work is treated in a concise and thoroughly up-to-date manner. The photographic illustrations are nearly all original and as true to nature as art can reproduce them. The chapter devoted to Actinotherapy and Radiotherapy covers but ten pages, but in these few pages, Dr. Schamberg has condensed the sum and substance of our knowledge, the definite value of these most recent and valuable therapeutic agencies. What especially commends the volume to the student and general practitioner is its avoidance of the discussion of mooted bacteriological and pathological findings, its concise manner of placing facts before the reader, the lucid points in diagnosis, and last but not least, avoiding the multiplicity of the terms with which dermatological nomenclature is overburdened.

A Text-Book of Operative Surgery, Covering the Surgical Anatomy and Operative Technic Involved in the Operations of General Surgery. Designed for Practitioners and Students. By Warren Stone Bickham, M.D., Phar.M., Junior Surgeon, Touro Hospital, New Orleans, etc. Third edition greatly enlarged containing 854 illustrations. W. B. Saunders Company, Philadelphia and London, 1908.

The book is divided into two parts, the first of which considers the operations of general surgery, as follows: Operations upon Arteries; Veins; Lymphatic Glands and Vessels; Nerves, Plexuses, and Ganglia; Bones; Joints; Muscles; Tendons and Tendon-Sheaths; Ligaments; Fascia, and Bursæ; also Amputations and Disarticulations; Excisions and Osteoplastic Resections of Bones and Joints.

In the Second Part the operations of Special Surgery are taken up in the following order: Spine, and Spinal Cord; Neck; Thorax; Abdomino-Pelvic Region; Male Genital Organs; Female Genital Organs; and operations for Herniæ.

The operative methods are well selected, graphically described, clearly illustrated, and cover the ground taken up thoroughly.

The book is well gotten up, and is up to date. All the subjects discussed are skillfully handled, and the work will be of value to any one interested in operative surgery.

J. S. D.

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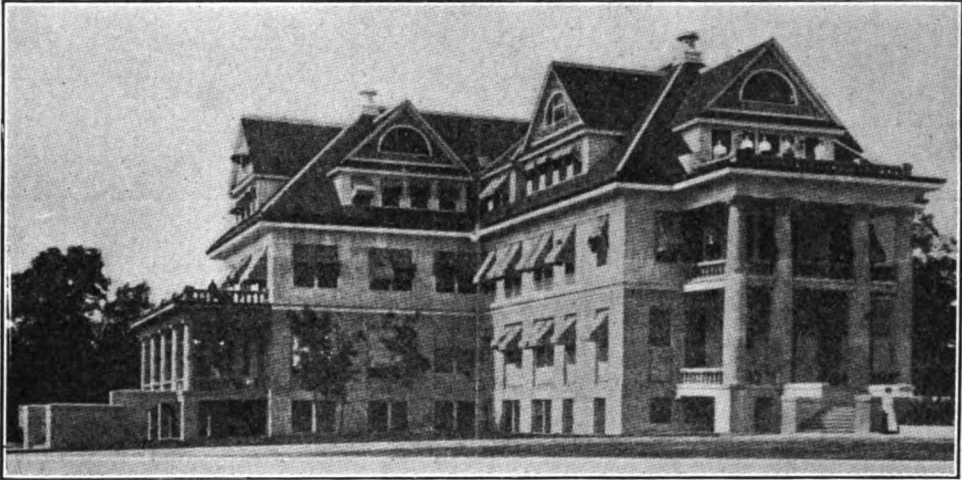
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## MEDICAL SOCIETY MEETINGS—Continued

**GARRETT COUNTY MEDICAL SOCIETY.** President, H. W. McCOMAS, Oakland, Md.; Secretary-Treasurer, J. G. SELBY, Eglon, W. Va.; Delegate, J. E. LEGGE. Second Tuesday in May.

**HARFORD COUNTY MEDICAL SOCIETY.** President, CHARLES BAGLEY, Bagley, Md.; Secretary-Treasurer, R. S. PAGE, Belair, Md.; Delegate, W. S. ARCHER. Second Wednesday in January, March, May, July, September and November.

**HOWARD COUNTY MEDICAL SOCIETY.** President, W. W. CISSEL, Highland, Md.; Secretary-Treasurer, F. O. MILLER, Ellicott City, Md.; Delegate, S. J. FORT. Meetings (quarterly) first Tuesday in January, April, July and October.

**KENT COUNTY MEDICAL SOCIETY.** President, G. I. BARWICK, Kennedyville, Md.; Secretary-Treasurer, H. G. SIMPERS, Chestertown, Md.; Delegate, W. F. HINES.

**MONTGOMERY COUNTY MEDICAL SOCIETY.** President, C. FARQUHAR, Olney, Md.; Secretary-Treasurer, J. L. LEWIS, Bethesda, Md.; Delegate, JAS. DEETS. Third Tuesday in April and October.

**PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.** President, J. CRONMILLER, Laurel, Md.; Secretary, H. B. McDONNELL, College Park, Md.; Treasurer, E. O. ETIENNE, Berwyn, Md.; Delegate, C. A. FOX. Second Saturday of every second month.

**QUEEN ANNE'S COUNTY MEDICAL SOCIETY.** President, W. G. COPPAGE, Church Hill, Md.; Secretary-Treasurer, ERNEST F. SMITH, Centreville, Md.; Delegate, N. DUDLEY.

**ST. MARY'S COUNTY MEDICAL SOCIETY.** President, THOMAS LYNCH, Leonardtown, Md.; Secretary-Treasurer, J. O. KING, Oakville, Md.; Delegate, THOMAS LYNCH, Second Tuesday in May and October at Leonardtown.

**SOMERSET COUNTY MEDICAL SOCIETY.** President, WILLIAM F. HALL, Crisfield, Md.; Secretary-Treasurer, RALPH L. HOTT, Oriole, Md.; Delegate, RALPH HOTT. First Tuesday in April at Crisfield; first Tuesday in November at Princess Anne.

**TALBOT COUNTY MEDICAL SOCIETY.** President, J. A. STEVENS, Easton, Md.; Secretary-Treasurer, J. B. MERRITT, Easton, Md.; Delegate, P. L. TRAVERS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

**WASHINGTON COUNTY MEDICAL SOCIETY.** President, W. P. MILLER, Hagerstown, Md.; Secretary, S. K. WAGGAMAN, Hagerstown, Md.; Treasurer, H. K. DERR, Hagerstown, Md.; Delegate, J. W. HUMPHRHOUSE. Second Thursday of February, May, September and November.

**WICOMICO COUNTY MEDICAL SOCIETY.** President, F. M. SLEMONS, Salisbury, Md.; Secretary, D. B. POTTER, Salisbury, Md.; Treasurer, E. W. HUMPHREYS, Salisbury, Md.; Delegate, L. W. MORRIS.

**WORCESTER COUNTY MEDICAL SOCIETY.** President, J. S. AYDELOTTE, Snow Hill, Md.; Secretary, R. LEE HALL, Pocomoke City, Md.; Treasurer, J. L. RILEY, Snow Hill, Md.; Delegate, J. E. DICKERSON. May and October.

## MISCELLANEOUS SOCIETIES

**BOOK AND JOURNAL CLUB OF THE FACULTY.** Winter Session, Meet at call of chairman. Chairman, H. B. JACOBS, M.D.; Secretary, W. R. STOKES, M.D.

**JOHNS HOPKINS HOSPITAL HISTORICAL CLUB.** 2d Monday, 8.30 p.m., Johns Hopkins Hospital. President, HARVEY CUSHING, M.D.; Secretary, T. B. FUTCHER, M.D.

**WOMAN'S MEDICAL COLLEGE MEDICAL SOCIETY.** 4th Tuesday in each month, 8.30 p.m. President, Dr. MAURICE LAZENBY; Recording Secretary, Miss ANITA JANER; Corresponding Secretary, Miss OLGA FRUIT.

**JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY.** 1st and 3d Mondays, 8 p.m., Johns Hopkins Hospital. President, F. R. SMITH, M.D.; Secretary, R. I. COLE, M.D.

**MEDICAL JOURNAL CLUB.** 2d Saturday, 8.30 p.m. President, T. B. FUTCHER, M.D.; Secretary, W. S. GARDNER, M.D.

**UNIVERSITY OF MARYLAND MEDICAL ASSOCIATION.** 3d Tuesday, October to May, 8.30 p.m., Hospital Amphitheater. President, A. M. SHIPLEY, M.D.; Vice-President, I. J. SPEAR, M.D.; Secretary, J. T. O'MARA, M.D.

## COMMITTEES FOR 1908-1909

*Delegates to American Medical Association—1907-08, Harry Friedenwald; Alternate, G. Milton Linthicum. 1908-09, G. Lane Taneyhill; Alternate, Herbert Harlan.*

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